

ADDICTION RECOVERY



A HEALTH CARE ISSUE



WHY PEER INTEGRITY AND RECOVERY ORIENTATION MATTER

Health Reform and Peer Recovery Support Services

With January 1, 2014 fast approaching, there are many changes underway in systems and services for people in or seeking addiction recovery. Just as the Affordable Care Act (ACA) is going into effect, peer recovery support services (PRSS) have achieved a degree of visibility and maturity. When formal peer recovery support work was first initiated in the early 2000s, it was primarily in recovery community-based settings where it could be nurtured and developed using specific tools and processes. The ACA — with its focus on helping people manage their own health — will mean many new opportunities for PRSS and peer workers to help individuals and families participate and receive the services and supports they need to achieve and sustain long-term recovery.

Today, peer recovery support services are available in a variety of places, such as addiction treatment agencies; jails and prisons; hospitals, community health, and primary care centers; and social service agencies. These organizations, agencies, and institutions frequently lack a strong recovery orientation — many haven't been exposed to a recovery-informed system of care. They haven't

yet had opportunities to become familiar with the philosophical and operational components of peer programs or a peer workforce.

To develop a stronger peer and recovery orientation, many organizations and agencies are partnering with experienced recovery community organizations and peer-run programs to develop their own peer programs. Others are contracting with recovery community organizations to add peer workers to existing programs that are being expanded.



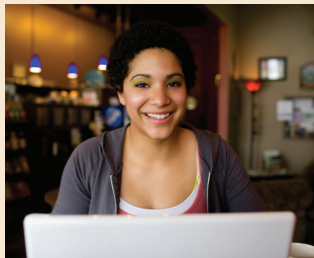
Interest in peer recovery support services extends beyond the individual provider and service levels. In municipalities, counties, and states across the country, program administrators and agency officials are making policy and programming decisions about funding, regulations, and authorization of peer services and peer workers. Their decisions will have long-lasting implications on the quality, cost, type, and frequency

of services and supports that people will receive. To ensure that these decisions are fully peer-informed and recovery-oriented, it is essential that advocates and recovery community organizations are informed and vocal participants in the decision making process.

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Faces & Voices of Recovery offers the following conditions as essential for effective peer recovery support services, regardless of where they are delivered and/or where peer workers are deployed.

- The primary objective of peer work is to help others initiate and achieve long-term recovery from addiction and to enhance quality of life, health, and wellness.
- Peer work is securely anchored in the recovery community – through recovery community organizations (RCOs) and peer-run programs in non-recovery organizations.
- Peer work reflects recovery community principles, values, and culture in all settings in which peer services are being offered.
- RCOs and peer-run programs are “owned and operated” by the recovery community – people with lived experience of addiction and recovery, family members, friends, and allies.
- RCOs and peer-run programs operate as the hub from which peer workers are recruited, employed as paid staff or as volunteers, oriented, trained, and peer-supervised.
- When peer workers are deployed in diverse settings, RCOs and peer-run programs act in a liaison and/or advocate capacity for the peer worker(s).
- Peer work is distinct and separate from professionally-delivered clinical treatment. Peer workers are not counselors. Peer work can successfully support clinical work only when clear boundaries are established and maintained between the two.
- Peer work is distinct and separate from mutual aid support networks, such as 12-step programs. The peer worker role focuses on an “all pathways to recovery” approach. Peer workers are not 12-step sponsors and do not perform tasks that are related in any way to 12-step work.
- Peer work is founded on a solid foundation of trust, mutuality, relationship-building, and, as much as possible, a flattened hierarchy of position and power.
- PRSS are rooted in a recovery culture that honors the values of service, “giving back,” and volunteerism. While PRSS are distinct from 12-step programs, they have been informed by a 12-step history that has emphasized and cultivated these values.
- RCOs and peer-run programs in host organizations have the decision-making power to choose whether to employ peer workers as paid staff or as volunteers.
- Peer ethics are codes and guidelines that are developed in a peer context and incorporated in peer and community settings. Peer ethics are fundamental to all levels of policy, practice, and program/organizational development.
- Peer workers are guaranteed regularly scheduled supervision that is non-clinical and trauma-informed, facilitated by a qualified and trained peer supervisor who has had direct experience with peer programs.
- Peer workers are viewed as a vital, unique, and autonomous component of the addictions service workforce, and the essential qualities that they bring are valued as transformative, rather than merely additive. ■



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